

EXHIBIT “O”



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

10/30/2004

Re:

SSN:

Radiographic examination of the chest dated 9/15/2004 is examined for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 2 due to slight over exposure. Inspection of the lung parenchyma reveals interstitial changes in all six lung zones consisting of small irregular and rounded opacities of size and shape s/p, profusion 1/0.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.

CONFIDENTIAL PERSONAL
MATERIAL REDACTED



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

6/30/2004

Re:

SSN:

Radiographic examination of the chest dated 6/30/2004 is examined for the presence of, and classification of pneumoconiosis (asbestosis) according to the ILO (1980) classification.

Film quality is grade 2 due to slight over exposure. Inspection of the lung parenchyma reveals interstitial changes in the middle and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/1.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

10/30/2004

Re:

SSN:

Radiographic examination of the chest dated 9/15/2004 is examined for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 2 due to slight over exposure. Inspection of the lung parenchyma reveals interstitial changes in the mid and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/1.

There is no pleural plaque, pleural thickening, or calcification. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

10/30/2004

Re:

SSN:

Radiographic examination of the chest dated 9/15/2004 is examined for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 2 due to scapular overlay. Inspection of the lung parenchyma reveals interstitial changes in the middle and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/0.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

11/16/2004

Re:

SSN:

Radiographic examination of the chest dated 10/27/2004 is examined for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 2 due to scapular overlay and slight overexposure. Inspection of the lung parenchyma reveals interstitial changes in the middle and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/2.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. A 7 mm density/nodule is seen in the left lower lung. The heart is of normal size.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

Recommend referral to personal physician for evaluation of density/nodule in the left lower lung.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.

111604.rti[acb/o]

**CONFIDENTIAL PERSONAL
MATERIAL REDACTED**



W. Allen Oaks, M.D.

111 Pinebrook Drive, East
Mobile, Alabama 36608

NIOSH Certified B-Reader

X-RAY EVALUATION

11/23/2004

Re:

SSN:

Chest radiograph(s) dated 9/22/2004 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification.

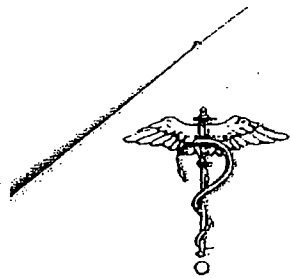
Film quality is grade 2 due to slight over exposure. Inspection of the lung parenchyma reveals interstitial changes in the mid and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/0.

There is no pleural plaque, pleural thickening, or calcification. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

11/23/2004

Re:

SSN:

Chest radiograph(s) dated 9/22/2004 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification.

Film quality is grade 2 due to slight over exposure. Inspection of the lung parenchyma reveals interstitial changes in the mid and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/1.

There is no pleural plaque, pleural thickening, or calcification. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size. Old healed fracture of the right clavicle is seen.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

11/23/2004

Re:

SSN:

Chest radiograph(s) dated 9/22/2004 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification.

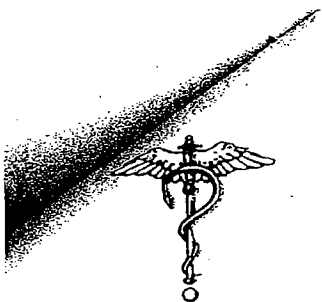
Film quality is grade 2 due to slight over exposure. Inspection of the lung parenchyma reveals interstitial changes in the middle and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/0.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size and the mediastinal structures are unremarkable. Emphysematous changes are noted. Bullae are seen.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

6/30/2004

Re:

SSN:

Radiographic examination of the chest dated 6/23/2004 is examined for the presence of, and classification of pneumoconiosis (asbestosis) according to the ILO (1980) classification.

Film quality is grade 1. Inspection of the lung parenchyma reveals interstitial changes in the middle and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/0.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. Pleural adhesions are seen at the right base. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size. There has been previous sternal splitting surgical procedure.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.



W. Allen Oaks, M.D.

NIOSH Certified B-Reader

111 Pinebrook Drive, East
Mobile, Alabama 36608

X-RAY EVALUATION

11/23/2004

Re:

SSN:

Chest radiograph(s) dated 9/22/2004 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification.

Film quality is grade 1. Inspection of the lung parenchyma reveals interstitial changes in the middle and lower lung zones bilaterally consisting of small irregular opacities of size and shape s/t, profusion 1/0.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. No parenchymal infiltrate, nodule, or mass is seen. The heart is of normal size. Evidence of previous CABG procedure noted. Focal interlobar pleural thickening is seen on the left.

CONCLUSION: The above parenchymal changes are consistent with asbestosis, provided that the subject's exposure history and period of latency are appropriate.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.